

APPENDIX A
NPDES PERMIT APPLICATION

Forcenergy Inc

Alaska Division

Removed Drilling Muds



February 29, 2000

Christine Cook
U.S. Environmental Protection Agency
Region X
1200 6th Avenue
Seattle, WA 98101

Dear Christine:

Re: Proposed Redoubt Shoal Production Operations, Southcentral Alaska

Attached is our revised NPDES Permit Application for your review. We have eliminated the previous proposed discharges of drilling muds and cuttings from this application.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Amundsen', written over a large, stylized circular flourish.

John Amundsen
Safety, Health and Environment Manager

Date Modified: 2/29/00
Date Prepared: 2/29/00
jda

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FORM <div style="font-size: 2em; font-weight: bold; text-align: center;">1</div> GENERAL | | U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i> | I. EPA I.D. NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">A</td> <td style="width: 15%;">B</td> <td style="width: 15%;">C</td> <td style="width: 15%;">D</td> <td style="width: 15%;">E</td> <td style="width: 15%;">F</td> <td style="width: 15%;">G</td> <td style="width: 15%;">H</td> <td style="width: 15%;">I</td> <td style="width: 15%;">J</td> <td style="width: 15%;">K</td> <td style="width: 15%;">L</td> <td style="width: 15%;">M</td> <td style="width: 15%;">N</td> <td style="width: 15%;">O</td> <td style="width: 15%;">P</td> <td style="width: 15%;">Q</td> <td style="width: 15%;">R</td> <td style="width: 15%;">S</td> <td style="width: 15%;">T</td> <td style="width: 15%;">U</td> <td style="width: 15%;">V</td> <td style="width: 15%;">W</td> <td style="width: 15%;">X</td> <td style="width: 15%;">Y</td> <td style="width: 15%;">Z</td> </tr> <tr> <td colspan="24"></td> </tr> </table> | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z | | | | | | | | | | | | | | | | | | | | | | | | |
| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LABEL ITEMS | | GENERAL INSTRUCTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I. EPA I.D. NUMBER | <div style="font-size: 2em; font-weight: bold;">X</div> PLEASE PLACE LABEL IN THIS SPACE | | If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| III. FACILITY NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| V. FACILITY MAILING ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VI. FACILITY LOCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

| SPECIFIC QUESTIONS | MARK 'X' | | | SPECIFIC QUESTIONS | MARK 'X' | | |
|--|----------|----|---------------|--|----------|----|---------------|
| | YES | NO | FORM ATTACHED | | YES | NO | FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | X | | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | | X | |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | X | | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | X | | X |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | | X | | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | | X | |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | X | | NA | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | X | | NA |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | |

| | | |
|----|------|----------------------------|
| 1 | SKIP | Osprey Production Platform |
| 19 | 18 | 19 20 |

| A. NAME & TITLE (last, first, & title) | | | | B. PHONE (area code & no.) | | | |
|--|-------------------------|----|----|----------------------------|-----|------|----|
| 2 | Amundsen, John-HES Mgr. | | | 907 | 258 | 8600 | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |

| A. STREET OR P.O. BOX | |
|-----------------------|----------------------|
| 3 | 310 K St., Suite 700 |

| | | | |
|-----------------|-----------|----------|-------------|
| C. CITY OR TOWN | | C. STATE | D. ZIP CODE |
| 4 | Anchorage | AK | 99501 |

| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | |
|---|---------------------|
| 5 | West Forelands Area |

| | | | | | | | |
|-------------------------|--|----------|--|-------------|--|------------------------------|--|
| B. COUNTY NAME | | D. STATE | | E. ZIP CODE | | F. COUNTY CODE (if known) | |
| Kenai Peninsula Borough | | AK | | | | | |
| C. CITY OR TOWN | | | | | | | |
| Cook Inlet | | | | | | | |

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

| | | | |
|------------------|------------------------|-------------|--|
| A. FIRST | | B. SECOND | |
| 7 1300 (specify) | Oil and Gas Extraction | 7 (specify) | |
| C. THIRD | | D. FOURTH | |
| 7 (specify) | | 7 (specify) | |

VIII. OPERATOR INFORMATION

| | | | |
|--|---|--|-----------------|
| A. NAME | | B. Is the name listed in Item VIII-A also the owner? | |
| 8 Forcenergy Inc | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) | | D. PHONE (area code & no.) | |
| F - FEDERAL S - STATE P - PRIVATE | M - PUBLIC (other than federal or state) O - OTHER (specify) | P (specify) | Oil/gas Company |
| E. STREET OR P.O. BOX | | 907 258 8600 | |
| 310 K St., Suite 700 | | | |
| F. CITY OR TOWN | | G. STATE | H. ZIP CODE |
| 8 Anchorage | | AK | 99501 |
| | | IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |

X. EXISTING ENVIRONMENTAL PERMITS

| | | | |
|--|-------------|--|--|
| A. NPDES (Discharges to Surface Water) | | D. PSD (Air Emissions from Proposed Sources) | |
| 9 N NA | 9 P NA | | |
| B. UIC (Underground Injection of Fluids) | | E. OTHER (specify) | |
| 9 U NA | 9 (specify) | | |
| C. RCRA (Hazardous Wastes) | | E. OTHER (specify) | |
| 9 R NA | 9 (specify) | | |

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. See Attached Environmental Information Document

XII. NATURE OF BUSINESS (provide a brief description)

The Redoubt Unit Development Program includes conversion of an offshore oil and gas exploration drilling unit to an oil and gas production platform. Associated facilities include onshore and offshore pipelines and an onshore production facility. Details of the proposed project are outlined in the attached Environmental Information Document (EID).

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|--|---------------------|----------------|
| A. NAME & OFFICIAL TITLE (type or print) | B. SIGNATURE | C. DATE SIGNED |
| Gary Carlson, Vice President | <i>Gary Carlson</i> | 2/25/00 |

COMMENTS FOR OFFICIAL USE ONLY

| | |
|---|--|
| C | |
|---|--|

Please type or print in the unshaded areas only

EPA ID Number (copy from Item 1 of Form 1)

Form
2D
NPDES



New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

I. Outfall Location

For each outfall, list the latitude and longitude, and the name of the receiving water.

| Outfall Number (list) | Latitude | | | Longitude | | | Receiving Water (name) |
|--------------------------|----------|-----|-----|-----------|-----|-----|------------------------|
| | Deg | Min | Sec | Deg | Min | Sec | |
| All | 60 | 41 | 46 | 151 | 40 | 10 | Cook Inlet |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

II. Discharge Date (When do you expect to begin discharging?)

June 2000

III. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

[illegible]

B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures. **See Attachment A**

C. Except for storm runoff, leaks, or spills, will any of the discharges described in item III-A be intermittent or seasonal?

☒ Yes (complete the following table) ☐ No (go to item IV)

| Outfall Number | 1. Frequency | | 2. Flow | | |
|-------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|--|---------------------------|
| | a. Days Per Week (specify average) | b. Months Per Year (specify average) | a. Maximum Daily Flow Rate (in mgd) | b. Maximum Total Volume (specify with units) | c. Duration (in days) |
| 008 Boiler Blowdown ¹ | 1 | 12 | 0.0001 mgd | 100 gal/event | 1 day/event |
| 009 Fire Control Water ² | 1 | 12 | 0.023 mgd | 22,500 gal/event | 1 day/event Est. 12/yr |
| 013 Excess Cement ³ | 3 | 12 | 0.0042 mgd | 100 bbl/event | 1 day/event Est. 30/yr |

Notes:

¹ Not planned or likely but possible to occur intermittently.

² Assume ½ hour test of system on a monthly basis.

³ Intermittent while drilling depending on drilling, casing, and testing program/problems. May be up to 100 bbl per event.

IV. Production

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

| Year | a. Quantity Per Day | b. Units of Measure | c. Operation, Product, Material, etc (specify) |
|------|---------------------|---------------------|--|
| NA | | | |
| | | | |
| | | | |

A, and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

CONTINUE ON REVERSE

A, and B: These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

CONTINUE ON REVERSE

C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant

2. Reason for Discharge

NA

VI. Engineering Report on Wastewater Treatment

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.



Report Available



No Report

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name

Offshore oil and gas drilling
and production platforms

Location

Cook Inlet Area, Alaska

VII. Other Information (Optional)

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

An Environmental Information Document for the Redoubt Unit Development Project is provided with this application.

VIII. Certification

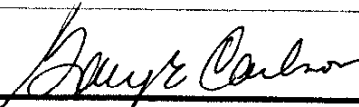
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name and Official Title (type or print)

Gary Carlson, Vice President

B. Phone No.

(907) 258-8600

C. Signature**D. Date Signed**

2/25/00

Attachment A **Process/Discharge Overview**

